

Fill in this information to identify the case:Debtor name Miracare Neuro Behavioral Health, P.C.United States Bankruptcy Court for the: Northern District of IllinoisCase number (if known): 24-13266☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. American Commercial Bank & TrustChecking4 0 9 2\$ 12,000.003.2. Old National BankChecking5 0 0 0\$ 1,500.00**4. Other cash equivalents (Identify all)**

4.1. _____ \$ _____

4.2. _____ \$ _____

5. Total of Part 1\$ 13,500.00

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____ \$ _____

7.2. _____ \$ _____

Debtor

Miracare Neuro Behavioral Health, P.C.
Name**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 270,000.00 - 50,000.00 = → \$ 220,000.00
face amount doubtful or uncollectible accounts11b. Over 90 days old: 203,883.00 - 198,883.00 = → \$ 5,000.00
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 225,000.00**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method
used for current value****Current value of debtor's
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Miracare Neuro Behavioral Health, P.C.

Document

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Case number (if known)

Name

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
Testing Forms	_____	\$ _____	_____	1,000.00
	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ 1,000.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Miracare Neuro Behavioral Health, P.C.
Name**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture See continuation sheet	\$ 0.00		\$ 1,750.00
40. Office fixtures	\$ _____		\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software See continuation sheet	\$ 0.00		\$ 2,000.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____		\$ _____
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 3,750.00

44. Is a depreciation schedule available for any of the property listed in Part 7?☒ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor

Miracare Neuro Behavioral Health, P.C.
Name

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Name

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	0.00 \$ _____
55.2		\$ _____	_____	0.00 \$ _____
55.3		\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

0.00
\$ _____**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites miracaregroup.com	\$ _____	_____	0.00 \$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

0.00
\$ _____

Debtor

Miracare Neuro Behavioral Health, P.C.
Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____	—	_____	= →	\$ _____
	Total face amount	doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____	\$ _____
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74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____	\$ _____
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Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____	\$ _____
-------	----------

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____	\$ _____
-------	----------

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____	\$ _____
-------	----------

_____	\$ _____
-------	----------

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 13,500.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 225,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 1,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 3,750.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 243,250.00	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 243,250.00		\$ 243,250.00

Debtor 1

Miracare Neuro Behavioral Health, P.C.

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 206 A/B

39) Office furniture

General description	Net book value	Valuation method	Current value
8 Love Seats, 5 Chairs, 2 Desks (Less than 7 Years Old)			1,650.00
18 Love Seats, 75 Chairs, 23 Desks (Over 10 Years Old)			0.00
2 Love Seats, 2 Chairs, 1 Desk (Over 7 Years Old)			100.00

41) Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value	Valuation method	Current value
Misc. Office Equipment (White Boards, Lamps, etc.)			500.00
Computers, TVs, and Phones (4 Years Old or Older)			1,500.00

Fill in this information to identify the case:

Debtor name Miracare Neuro Behavioral Health, P.C.United States Bankruptcy Court for the: Northern District of IllinoisCase number (if known): 24-13266☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

First National Bank of Ottawa

Describe debtor's property that is subject to a lien

All Assets of Debtor\$ 492,000.00\$ Undetermined

Creditor's mailing address

701 LaSalle St.Ottawa, IL 61350

Describe the lien

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number 0915

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor,

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- ☐ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- ☐ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 492,000.00

Debtor
Miracare Neuro Behavioral Health, P.C.
Name

Case number (if known)
24-13266

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____

Fill in this information to identify the case:

Debtor Miracare Neuro Behavioral Health, P.C.

United States Bankruptcy Court for the: Northern District of Illinois

Case number 24-13266
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Caravus
 168 N. Meramec Ave.
 Suite 300
 Saint Louis, MO 63105

As of the petition filing date, the claim is: \$ 2,500.00

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Total claim

Priority amount

\$ _____

Basis for the claim:

Contributions to employee benefits

Date or dates debt was incurred

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)

2.2 Priority creditor's name and mailing address

Vanguard
 P.O. Box 982902
 El Paso, TX 79998-2902

As of the petition filing date, the claim is: \$ 2,205.00

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Total claim

Priority amount

\$ _____

Basis for the claim:

Contributions to employee benefits

Date or dates debt was incurred

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim

Priority amount

\$ _____

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Amur Equipment 304 W. 3rd St. Grand Island, NE 68801 Date or dates debt was incurred <u>12/08/2021</u> Last 4 digits of account number <u>4486</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Equipment Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>3,755.02</u>
3.2	Nonpriority creditor's name and mailing address Andromeda Technology Solutions 16624 W. 159th St. Suite 600 Lockport, IL 60441 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Outpatient Practice Service Provider Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>43,190.23</u>
3.3	Nonpriority creditor's name and mailing address Balboa Capital Corporation c/o Michelle A. Chiongson 575 Anton Blvd., Suite 1080 Costa Mesa, CA 92626 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Equipment Lease Default Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>68,017.28</u>
3.4	Nonpriority creditor's name and mailing address Blue Bridge Financial 11921 Freedom Dr. Suite 1130 Reston, VA 20190 Date or dates debt was incurred <u>02/09/2022</u> Last 4 digits of account number <u>1693</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Equipment Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>66,228.94</u>
3.5	Nonpriority creditor's name and mailing address Channel Partners Capital, LLC 10900 Wayzata Blvd. Suite 300 Hopkins, MN 55305 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Equipment Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>58,148.64</u>
3.6	Nonpriority creditor's name and mailing address Cogent Communications P.O. Box 791087 Baltimore, MD 21279 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Outpatient Practice Service Provider Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>14,461.81</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷ Nonpriority creditor's name and mailing address

ERC Specialists
560 Timpanogos Cir.
Orem, UT 84097

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 31,716.00

Basis for the claim: Professional Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁸ Nonpriority creditor's name and mailing address

Insync/Qualifacts Systems
315 Deaderick St.
Suite 2300
Nashville, TN 37238

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 31,787.21

Basis for the claim: Outpatient Practice Service Provider

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁹ Nonpriority creditor's name and mailing address

Meridian Equipment Finance LLC
367 Eagleview Blvd.
Exton, PA 19341

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 37,591.28

Basis for the claim: Equipment Lease

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 7158

3. ¹⁰ Nonpriority creditor's name and mailing address

Navitas Credit Corp.
201 Executive Center Dr.
Suite 100
Columbia, SC 29210

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ Unknown

Basis for the claim: Equipment Lease

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred 01/27/2022

Last 4 digits of account number 8422

3. ¹¹ Nonpriority creditor's name and mailing address

NewLane Finance Company
123 S. Broad St.
17th Floor
Philadelphia, PA 19109

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 34,901.94

Basis for the claim: Equipment Lease

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 4263

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹² Nonpriority creditor's name and mailing address

NMEF Funding (North Mill Equipment Finance)
601 Merritt 7 #5
Norwalk, CT 06851

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 127,649.26

Basis for the claim: Equipment Lease

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 42663. ¹³ Nonpriority creditor's name and mailing address

Pawnee Leasing Corporation
3801 Automation Way
Suite 207
Fort Collins, CO 80525

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 58,679.21

Basis for the claim: Equipment Lease

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁴ Nonpriority creditor's name and mailing address

PYA, P.C.
Dept. #888255
Knoxville, TN 37995-8255

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 18,275.00

Basis for the claim: Managed Care Assistance

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 96803. ¹⁵ Nonpriority creditor's name and mailing address

Robert Juris & Associates Architects, Ltd.
9500 Bormet Drive
Suite 205
Mokena, IL 60448

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 32,730.75

Basis for the claim: Professional Architectural Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred 08/19/2019

Last 4 digits of account number _____

3. ¹⁶ Nonpriority creditor's name and mailing address

Roche Scholz Roche & Walsh, CPA
9480 Enterprise Dr., #2
Mokena, IL 60448

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 6,250.00

Basis for the claim: Accounting Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷ Nonpriority creditor's name and mailing address

SpectrumVoIP
P.O. Box 733619
Dallas, TX 75373

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 4,654.35

Basis for the claim: Telephone / Internet services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 5251

3. ¹⁸ Nonpriority creditor's name and mailing address

Store Master Funding XXI, LLC
8377 E Hartford Dr.
Suite 100
Scottsdale, AZ 85255

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 1,558,282.39

Basis for the claim: Real Estate Lease Default

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred 10/19/2023

Last 4 digits of account number

3. ¹⁹ Nonpriority creditor's name and mailing address

Thomas H Wehmeier
8340 W. 159th Street
Orland Park, IL 60462

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 500,000.00

Basis for the claim: Loan

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred 01/25/2023

Last 4 digits of account number

3. ²⁰ Nonpriority creditor's name and mailing address

VWi, Inc.
2211 Fruitville Road
Sarasota, FL 34237

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 95,578.18

Basis for the claim: Professional Collections Servicing

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Andrew P. Chigounis Saldutti Law Group 1700 Market Street, Suite 1005 Philadelphia, PA, 19103	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.2.	Debra Devassy Babu Darcy & Devassy PC 444 N. Michigan Ave., #3270 Chicago, IL, 60611	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.3.	Dennis A Dressler Dressler Peters, LLC 101 W. Grand Ave., Suite 404 Chicago, IL, 60654	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.4.	LEAF Capital Funding LLC 2005 Market St. Philadelphia, PA, 19103	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.1.	Mark M. Lyman Lyman Law Firm, LLC 227 W. Monroe St., Suite 2650 Chicago, IL, 60606	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.5.	Matthew J. Warner Westland & Bennet, P.C. 2929 Carlson Drive, Suite 300 Hammond, IN, 46323	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.6.	Meridian Equipment Finance LLC 9 Old Lincoln Highway Malvern, PA, 19355	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.7.	Michael S. Myers Ballard Spahr LLP 1 East Washington St., Suite 2300 Phoenix, AZ, 85004	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.8.	Nathan A. Hall Christensen Hsu Sipes, LLP 224 S. Michigan Ave., #1300 Chicago, IL, 60604	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.9.	North Mill Credit Trust 9 Executive Circle Suite 230 Irvine, CA, 92614	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.10.	Troy C. Kepler 1111 East College Drive Suite 200 Marshall, MN, 56258	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**5a. **Total claims from Part 1**

5a.

Total of claim amounts

\$ 4,705.00

5b. **Total claims from Part 2**

5b.

+

\$ 2,791,897.49

5c. **Total of Parts 1 and 2**

5c.

\$ 2,796,602.49

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Miracare Neuro Behavioral Health, P.C.

United States Bankruptcy Court for the: Northern District of Illinois

Case number (If known): 24-13266 Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>11800 S. 75th Ave., Suite 300 Palos Heights, IL 60463 Lessee</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>College Drive Real Estate 11800 S. 75th Ave. Palos Heights, IL, 60463</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>15419 E. 127th St. Lemont, IL 60439 Lessee</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>127th Real Estate 15419 E. 127th St. Lemont, IL, 60439</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>9990 W. 190th St., Unit C Mokena, IL 60448</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>190th Real Estate 9990 W. 127th St. Mokena, IL, 60448</p>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	

Fill in this information to identify the case:Debtor name Miracare Neuro Behavioral Health, P.C.United States Bankruptcy Court for the: Northern District of IllinoisCase number (If known): 24-13266☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Christopher J Higgins	12313 S. 91st Ave. Palos Park, IL 60464	Thomas H Wehmeier	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Christopher J Higgins	12313 S. 91st Ave. Palos Park, IL 60464	Pawnee Leasing Corporat	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Christopher J Higgins	12313 S. 91st Ave. Palos Park, IL 60464	Meridian Equipment Finar	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Christopher J Higgins	12313 S. 91st Ave. Palos Park, IL 60464	Channel Partners Capital,	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Christopher J Higgins	12313 S. 91st Ave. Palos Park, IL 60464	Balboa Capital Corporatio	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G